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FRAMEWORKS FOR UNDERSTANDING ANOREXIA NERVOSA

Collier and Treasure (2004) noted that: "The diagnosis of eating disorders is a tricky business: diagnosis can be unstable, with clinical features changing over time, often switching from anorexia to bulimia, and there is frequently co-morbidity with other diagnoses such as anxiety and depression" (p363).

Collier and Treasure (2004) divided eating disorders into five types along a continuum with general and specific risk factors (figure 1).

In a series of articles in "Orsett Psychological Review", Peters (2006, 2007a, 2007b) explored a number of the causes of eating disorders, and, in particular, of anorexia nervosa. The causes included:

- Personality - common traits shared by sufferers, like low self-esteem, or perfectionism;
- Cognitive theories - bias in information processing (eg: attention to body and food-related stimuli);
- Family - eg: keeping a divided family together by the illness, or over-protectiveness by the parent(s);
- Psychodynamic - related to attachment issues;
- Learning - eg: food restrictive behaviour is reinforced;
- Feminist - eg: images of thin women constantly in the media.

There are other explanations (eg: biological) as well that were not mentioned. The number and variety of theories proposed for anorexia nervosa led to thinking on my part that anorexia may, in fact, not be a single condition but plural - anorexia nervosas.

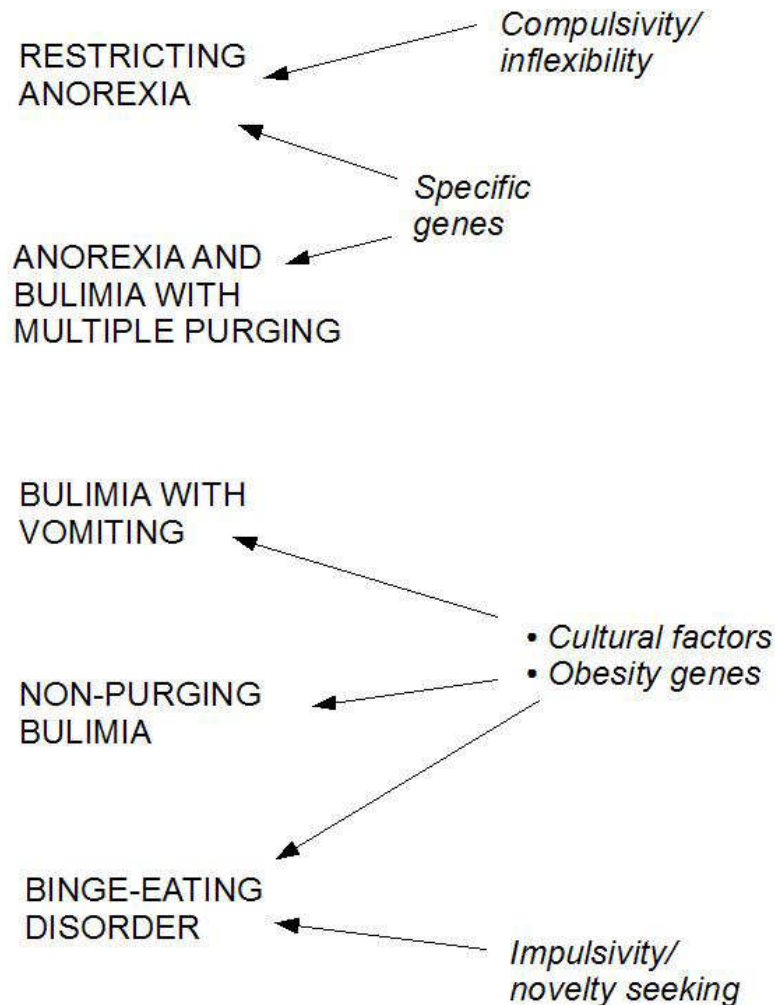
In DSM-IV-TR (APA 2000) anorexia nervosa is diagnosed based on the following criteria:

- A. Refusal to maintain body weight at or above a minimally normal weight for age and height...;
- B. Intense fear of gaining weight or becoming fat, even though underweight;
- C. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight (APA 2000 p589).

Two types of anorexia are distinguished also - restricting and binge-eating/purging types (APA 2000).

Common Risk Factors

- Individual; eg: perfectionism
- Harm avoidance/low self-esteem/depression
- Biochemical; eg: serotonin
- Genes generally



(After Collier and Treasure 2004)

Figure 1 - Model of eating disorders and risk factors.

So anorexia can be seen as three behaviours - not eating, fear of becoming fat, and disturbance in experience of body and weight. The traditional view is that these behaviours are all symptoms of the single condition. But why are there so many different explanations, some contradictory, for this one condition? One possible answer is that anorexia is caused by

multiple factors (figure 2).

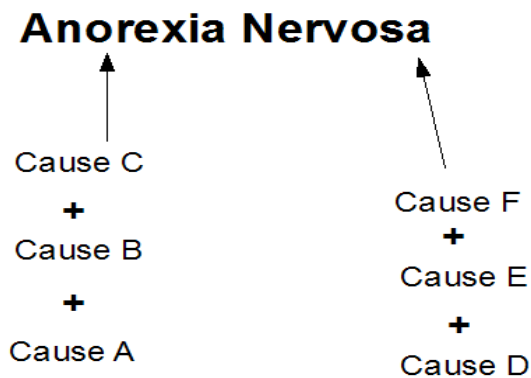


Figure 2 - Example of multi-causal explanation for the single condition, anorexia nervosa.

Let me propose other possibilities for anorexia nervosa as anorexia nervosas.

1. Overlapping anorexia nervosas - The different symptoms have different causes but there is overlap between them. So there are not entirely separate conditions (figure 3).

A variation of this idea could be called "pathways to anorexia" or a "differential theory". This sees different explanations as playing different roles for each of the symptoms, such that there are primary, secondary and tertiary causes (figure 4).

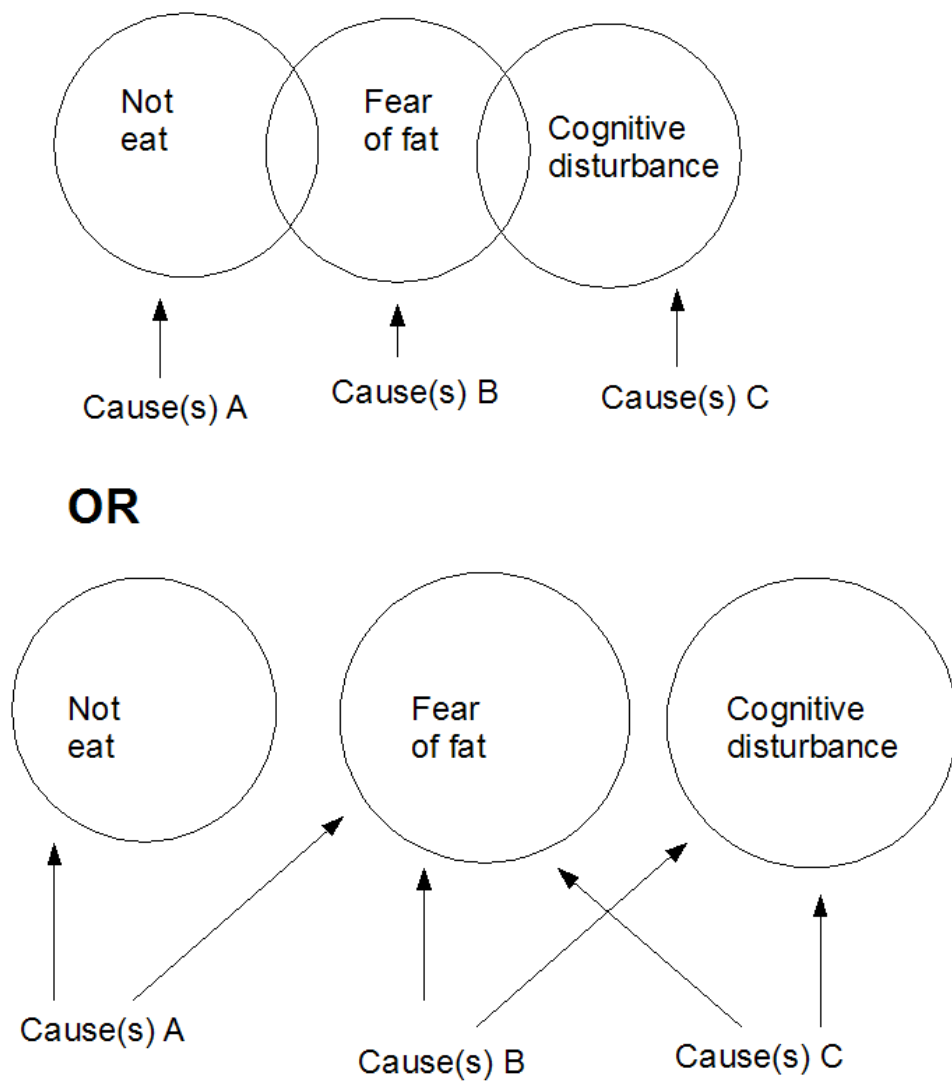


Figure 3 - Overlapping anorexia nervosas.

2. Anorexia nervosas - This idea is that each of the key symptoms is separate with unique cause(s). There is no overlap between them (figure 5).

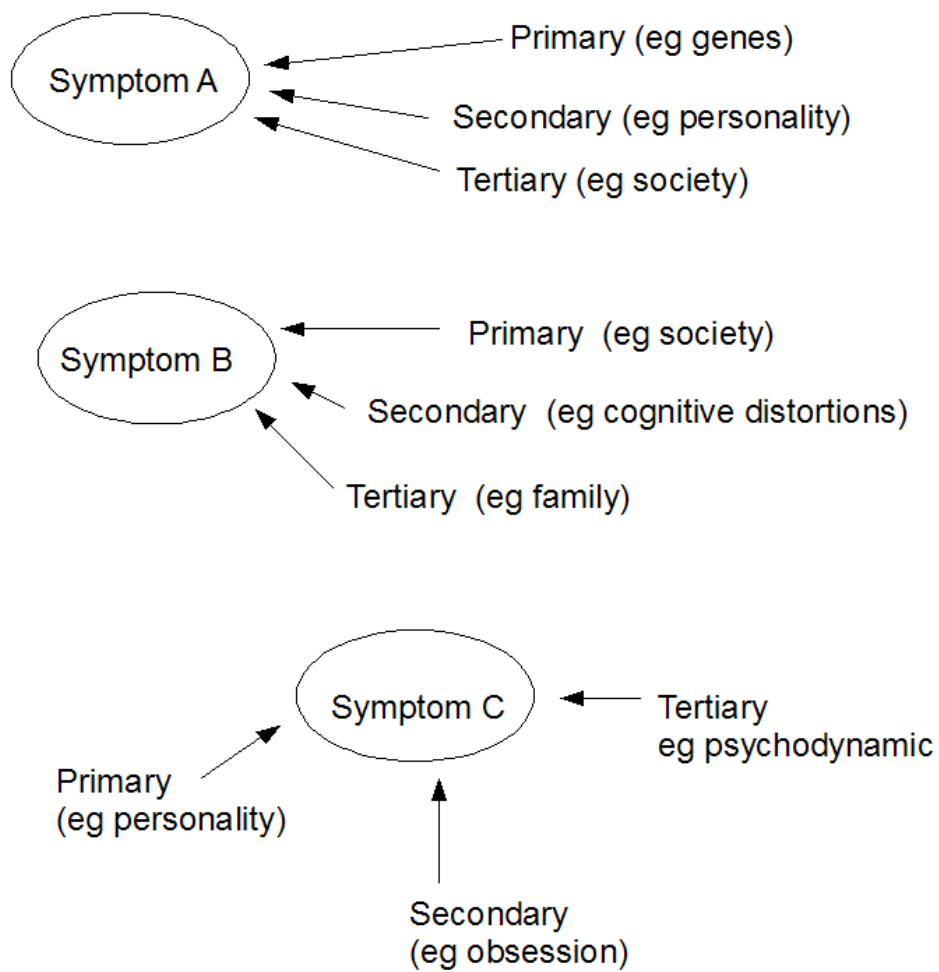


Figure 4 - "Pathways to anorexia nervosa" model.

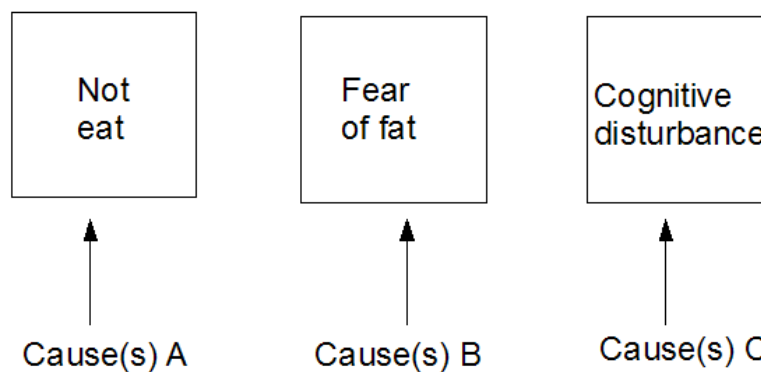


Figure 5 - Anorexia nervosas.

I have proposed above a selection of possibilities as theoretical frameworks to make sense of the many theories of anorexia nervosa. Anorexia is a complex condition and it is not easy to "prove" which of these frameworks is "correct". In fact, my aim is not to do that. Rather the remainder of the article is a survey of some of the various ideas in recent work on anorexia and eating disorders that may be relevant to the above frameworks.

Table 1 summarises the frameworks proposed above.

1. Multiple causes of anorexia	Anorexia caused by combination of factors/explanations
2. Overlapping anorexia nervosas - symptoms	Each symptom has its own cause(s), but the symptoms overlap
3. Overlapping anorexia nervosas - causes	Each symptom is separate, but the same cause(s) may explain each symptom
4. Pathways to anorexia nervosa	Each symptom has its own combination of primary, secondary and tertiary cause(s)
5. Anorexia nervosas	Each symptom is separate with its own cause(s)

Table 1 - Frameworks for understanding the symptoms and causes of anorexia nervosa.

SOME CAUSES AND EXPLANATIONS FOR ANOREXIA

There are many different explanations for anorexia, but one way to summarise them is grouped as individual, group, and social levels ¹. However, it can be difficult to distinguish between early symptoms of anorexia and risk factors or causes (Bulik et al 2007).

INDIVIDUAL LEVEL

These are explanations and theories focusing upon the individual sufferer, including biological and personality factors, and beliefs and cognitive distortions. Common risk factors than can be included at this level are childhood eating and gastrointestinal problems, childhood sexual abuse and abuse and neglect generally, and negative self-evaluations (Jacobi et al 2004).

¹ I used this idea of levels to explain aggression (Brewer 2003).

Genetics

A family history of anorexia is a risk factor for anorexia. This may be through environmental factors, like imitation of parent(s), or genetics (or a combination of both - "nature and nurture"; Bulik et al 2007). "Some proportion of individuals may have a highly genetic form of anorexia nervosa, some a highly environmental variant, and, in others, anorexia nervosa may result from interactions between genetic and environmental influences" (Bulik et al 2007 p265).

The genetic influence on behaviour is studied in a number of ways:

i) Family studies - Individuals with a first-degree relative (eg: mother, father, sibling) with anorexia have a ten-fold greater risk of developing it in their lifetime than the general population (Bulik et al 2007).

ii) Twin studies - For example, Bulik et al (2006) found a concordance rate of 56% for DSM-IV criteria anorexia among identical twins born between 1935 and 1958 in Sweden.

iii) Molecular genetics - Various small studies have found genes related to biochemistry that may be involved, like serotonin and dopamine (Bulik et al 2007). The drive for thinness has been linked to genes on chromosome 13 (Devlin et al 2002).

If anorexia is inherited in some way, then there must be evolutionary benefits for these genes to survive through generations.

Sheehan and Thurber (2006) suggested an altruistic benefit for early humans. In small groups when food was scarce, it was better that mothers and offspring ate what food was available. Adolescent and young adult women without offspring would benefit the whole group by depriving themselves of food, remaining reproductively unavailable (ie: loss of periods during anorexia), and helping the group (eg: many anorexics like cooking for others). Thus anorexia has an evolutionary benefit for the group as a whole. In the modern world of the West with such food shortages as very rare, anorexia is an evolutionary maladaptive behaviour. This idea is, of course, a speculation about early humans.

Beliefs and Cognitive Distortions

Rothenberg (1986) argued that eating disorders could be seen as a form of obsessive-compulsive disorder (OCD). In both cases there is a tendency towards ritualistic

behaviours with the fear of catastrophe if these behaviours are not performed. Perfectionism can be a factor in both cases also.

In terms of beliefs, "magical ideation" has been found in both disorders. This is the tendency towards "magical" beliefs (eg: "I think I could read others' minds if I wanted to").

Lavender et al (2006) found that individuals with eating disorders showed similar levels of this type of ideation and obsessive-compulsive beliefs to those of individuals with OCD.

Cooper et al (2007) went further by investigating metacognition, and finding differences between women with a history of anorexia and controls. Cognition refers to how individuals think, and metacognition is the individual knowing how they think. For example, individuals knowing that they worry about weight excessively, but see it as a positive way of controlling their weight. Put another way, as anorexics might say, "if I don't worry about my weight and my eating, then I'll lose control and gain weight" (Cooper et al 2007 p114).

Beliefs that are clear cognitive distortions have been linked to a number of mental disorders. In the case of eating disorders, Shafran and Robinson (2004) found that sufferers showed more evidence of "thought-shape fusion". For example, the belief that thinking about a forbidden food could make them gain weight. They "know rationally that thinking about eating a forbidden food cannot actually create weight gain or shape change, but they nevertheless also illogically sometimes think this to be the case" (Shafran and Robinson 2004 p400).

On the other hand, sufferers of eating disorders can have a more accurate perception of the attractiveness of their bodies as rated by strangers than healthy individuals. Latter individuals use a "self-serving body-image bias" to maintain a positive view of themselves, and eating disorder sufferers do not (Jansen et al 2006).

Early Experiences

In terms of attachment and psychodynamics, eating disorders are seen as "externalising behaviours enacted by allowing the diversion of attention away from attachment-related concerns and toward the more external and more attainable goal of body change" (Troisi et al 2005). In other words, the uncertainty of an insecure attachment is diverted into the certainty of controlling the physical body.

GROUP LEVEL

This covers explanations and ideas related to the individual's group, which is most commonly the family, and peer group at school, for example.

Influence of Parents

Stein et al (2006) investigated the effect of mothers with eating disorders on their children at age ten years. Thirty-three first-born children of mothers who had an eating disorder in the child's first year of life (index group) were compared to 23 matched controls on a selection of measures.

The children of eating disordered mothers scored higher on a number of the measures of eating disorders:

- Overall score on child version of the Eating Disorder Examination (Child-EDE) (Bryant-Waugh et al 1996);
- "Restraint" - controlling the amount eaten;
- "Shape concern" - preoccupation with body shape;
- "Weight concern" - preoccupation with body weight.

"Thus children in the index group were more likely to be exhibiting dietary restraint and to hold overvalued ideas about weight/shape in their schema of self-evaluation" (Stein et al 2006 p327). The children were not suffering from eating disorders yet, but they showed an over-awareness of body shape and weight which could be a predisposing factor in later development.

Family Relationships

Family relationships play a role in eating disorders both in terms of the past (child-rearing) and in current relationships. With the majority of the sufferers of eating disorders being female, the focus has been upon the mother-daughter relationship (eg: maternal overprotection and anorexia; Strober and Humphreys 1987). But the father-daughter relationship is also relevant.

Jones et al (2006) sent questionnaires to members of the Eating Disorders Association (EDA) in the UK about this, along with to control students. Paternal rejection (as measured by, for example, punishing, hostile, shaming or indifferent behaviour by the parent, favouring of other siblings, and less signs of emotional warmth) was found to be important in the "drive for thinness", but mediated through three key beliefs of the women - fears of abandonment, feelings of being flawed or inferior, and beliefs of vulnerability to harm.

SOCIAL LEVEL

These are factors related to society as a whole, like media images of women and the social expectations about body shape.

Media Images

Body dissatisfaction among girls and women in the West is almost normal because of the endless stream of (ultra-)thin images of women presented in the media (eg: idealised images 10-20% below expected weight of women; Engeln-Maddox 2005). This dissatisfaction leads to a preoccupation with body appearance at the mild end to eating disorders at the other. Or looked at another way, there can be little difference between female sufferers of eating disorders, specifically anorexia, and "normal" women in terms of views about thinness. However, not all women develop "full-blown eating disorders" despite the widespread nature of these images.

It is the internalisation of the standards presented in the media images that is important. Thus social comparison with the women in these images produces appearance-related dissatisfaction and a drive for thinness (Engeln-Maddox 2005).

SPECULATIVE CONCLUSIONS

I have not attempted to "prove" which of the five frameworks described above is correct. However, taking the different level of explanations, let me speculate on how they may be more important for each of the three key symptoms of anorexia (whether this is viewed as a single condition or as anorexias).

- Refusing to eat - Individual level explanations are primary here for this symptom, whether that be biological-based ideas, personality traits (like perfectionism), or early experiences. Parental behaviour and attitudes towards food (group level) will be of secondary importance.
- Fear of fatness - I think social level ideas are primary causes of this symptom. In the West, media images and norms present women as slim, if not thin, and consequently "fatter" women are criticised both directly explicitly and implicitly. The whole socialisation process for women makes them body aware, and, in particular, aware that "fat" is sinful/evil. Parents reinforce these ideas without meaning to (group level) - secondary factor.

- Cognitive disturbances - It may seem obvious but beliefs, cognitive distortions, and attributions (individual level) are the primary factor here. Parents can again indirectly reinforce these ideas with how food is "used" and viewed in the family (group level - secondary factor).

Table 2 summarises the different levels of explanation and the ideas of primary, secondary and tertiary causes.

SYMPTOM	PRIMARY CAUSE(S)	SECONDARY CAUSE(S)	TERTIARY CAUSE(S)
Not eating	Individual	Group	Social
Fear of fatness	Social	Group	Individual
Cognitive disturbances	Individual	Group	Social

Table 2 - Symptoms of anorexia and primary, secondary and tertiary causes.

Hopefully the complexity of the causes of anorexia nervosa is highlighted in this article, as in the articles by Peters herself an anorexia sufferer.

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Kevin Brewer

Article written November 2009

A SPECULATION - WHY DO OLDER WOMEN PUT PORNOGRAPHIC PICTURES ON THEMSELVES ON THE INTERNET FOR FREE?

Noonan (1998) noted that "sex on the internet is, at once, a compendium of the good, the bad, the beautiful, and the ugly. As such, one could argue that it is reflective of sex in real life" (p143; quoted in Leiblum 2001 p308). Of course, on the other hand, it is not.

It is not hard, if one wishes, to find "Granny Porn" on the Internet. This is a sub-category of heterosexual pornography involving older women (the exact age is vague, probably 60 and above, as old in pornography can mean over thirty years old). The material is both professional (a product being sold) and amateur (photographs, for example, taken by, apparently, "ordinary" people). I am posing the question in the title concerning the latter.

Carnes (2003) noted that:

Elder erotica on the internet breaks many societal assumptions. At one level it helps dispel the myth that sex is an activity reserved for the young. Robust, enjoyable sex is a lifelong activity to be embraced by seniors. On the internet there is much activity that supports seniors in their quest for sexual acceptance. Voyeur posting sites, nudist sites, and partner finding sites show the elderly as still interested and actively enjoying their sexuality. Within the pornography sites, elder erotica is celebrated in the form of the "granny", "mature", or "old slut" sites. Older women are presented as "experienced", hungry for sex, and in some cases "superior" because of their extensive knowledge (p323).

ACTORS AND ACTRESSES IN PORNOGRAPHY

Firstly, a brief comment on why actors participate in pornography generally, of which there is limited research. However, there is research about the attributed motivations for actors, like Evans-DeCicco and Cowan (2001).

This research involved 165 undergraduates from California who were given the "Attitudes Towards Pornography Scale" and the "Beliefs About Pornography Actors Scale". The first involved thirteen items, like "pornography degrades women" or "pornography is educational", which are rated on a seven-point Likert scale from "strongly disagree" to "strongly agree". The "Beliefs About Pornography Actors Scale" contained both positive items about the actors, like "high self-esteem" and "intelligent", and negative ones (eg: "teenage runaway", "reckless"), which were rated on a five-point

Likert scale ("not likely at all" to "very likely") separately for male and female actors.

Male respondents had a more positive attitude towards pornography and beliefs about female actors than female respondents. There was no difference in the beliefs about male actors. In terms of the motivations of the actors, there were some differences in perception by the respondents on a choice of six possibilities (table 1).

FEMALE ACTORS

1. For the money	4.40
2. Fulfilling fantasy	3.50
3. Like the work	3.47
4. Sexual liberation	2.85
5. Coerced	2.85
6. Lack of alternatives	2.74

MALE ACTORS

1. For the money	4.43
2. Like the work	4.32
3. Fulfilling fantasy	4.20
4. Sexual liberation	3.65
5. Lack of alternatives	2.59
6. Coerced	2.36

(After Evans-DeCicco and Cowan 2001)

Table 1 - Rank order of beliefs (and mean scores out of five) about motivations of pornography actors.

Female pornography actors were rated more negatively than male actors, including more likely to be coerced into pornography, and come from homes where abused as child. Also female pornography actors were seen as motivated by more negative factors. "With the higher level of sexuality attributed to men than to women, it comes as no surprise that men in pornography are viewed more than women as eager participants who work in the field for enjoyment whereas women are more likely to be seen as in it for the money or other extrinsic reasons" (Evans-DeCicco and Cowan 2001 p359).

Doring (2000) distinguished three perspectives on "cybersex" more generally and women. The victimisation perspective sees cyberspace as a continuation of the exploitation and degradation of women, while the liberation perspective accepts that women can explore their sexualities safely and enjoy sex in the cyberworld. The third perspective is that of empowerment as women learn to take control of sexual interactions by setting boundaries and articulating needs.

BACK TO ORIGINAL QUESTION

So back to the question, and why do older women put pornographic pictures of themselves on the Internet for free? I have put together ten possible reasons. These are speculations as the research on older women in pornography appears to be non-existent.

1. Exhibitionism.

Individuals who suffer from a "mental disorder" classed as a paraphilia in DSM-IV (APA 1994).

2. Coercion.

The women are forced to partake in some way, or they choose to partake not realising that the photographs would be published. Carnes (2003) feared that women in their 80s and 90s, with dementia, are "being filmed without understanding what they are participating in".

Certain feminists, like Andrea Dworkin (1989) and Catherine MacKinnon (1993) would argue that women are indirectly coerced into pornography because of the gender inequality in society and patriarchy.

3. Free pictures advertise paid Internet sites (ie: way of making money).

4. Women who have worked in the "sex industry" in the past and this is just a continuation of that "career".

5. Fantasy.

Wendy McElroy (2008), a "pro-sex feminist", has argued that watching pornography generally allows women to "enjoy scenes and situations that would be anathema to them in real life". Maybe there is a element of this in partaking in scenarios that are photographed and video-recorded. There may be a losing of control, a shredding of "all sense of responsibility for and guilt over sex" (McElroy 2008).

6. Therapeutic.

Providing a "sexual outlet" of some kind (McElroy 2008).

7. Resistance against a society obsessed with youthfulness and images of the young female body, both in pornography and in the media in general.

8. "Sexual heresy" (McElroy 2008).

A way of exploring less traditional views of sexuality (Strossen 1995).

Leiblum (2001) observed:

The vast availability and variety of erotica on the internet, especially the pornography featuring "amateurs" where women of every size, shape, age and description post pictures of themselves in various provocative poses and positions, may help women become more self-accepting. It is interesting that there is so much amateur (non-professional performers or models) explicit pornographic material on the net. While it is possible that their lovers or husbands are providing the impetus for posting them, either as a way of exploiting women emotionally or financially, it is also possible that there are more women than we may think who enjoy the opportunity for anonymous exhibitionism (p399).

9. The body.

A way of a woman showing she is at ease with her ageing body by exhibiting it.

10. "Agelessness".

The body as a symbol of who one really is. In this case, a young self trapped inside an ageing body. The individual can show they are still "young at heart" and have not lost that attitude by being adventurous, or doing what younger people are perceived as doing in the age of "porno chic" (Gill 2007). "Agelessness" in society can be both positive and negative.

This is part of "the discourses of positive ageing" which have created "the sexy ageless consumer" (Katz and Marshall 2003). There is an expectation constructed that older adults should be sexually active, and posting photographs on the Internet shows this. "Sexual function, like physical fitness more generally, has become central to contemporary conceptions of the good life" (Katz and Marshall 2003).

Though the question considered might seem unusual in some ways, it opens up many of the issues about ageing in society today.

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Kevin Brewer

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NORMAL PARANOIA IN THE TWENTY-FIRST CENTURY

Paranoia and paranoid thinking is a symptom of psychosis, particularly schizophrenia (box 1).

Paranoid thinking or delusions often link unrelated and bizarre ideas, and have little accepted evidence. In extreme cases of psychosis, there are contrary to the physical evidence (eg: a dead historical figure is alive and after them). With paranoid disorders, the delusions are connected and based around a particular theme (eg: I am the holder of secret knowledge and that is why people are against me)(Barker 1997).

Mr.X - 23 year-old man with schizophrenia

- Mafia make him movie star
- Bystanders stared at him because knew he famous
- Mafia controlling his mind
- Family members out to get him, and they not related to him
- People questioned his sexual orientation

Box 1 - Example of paranoid delusions of man with schizophrenia (Goff 2002).

Paranoid thinking can be seen as the extreme end of a continuum, which includes healthy scepticism and unhealthy gullibility (figure 1).

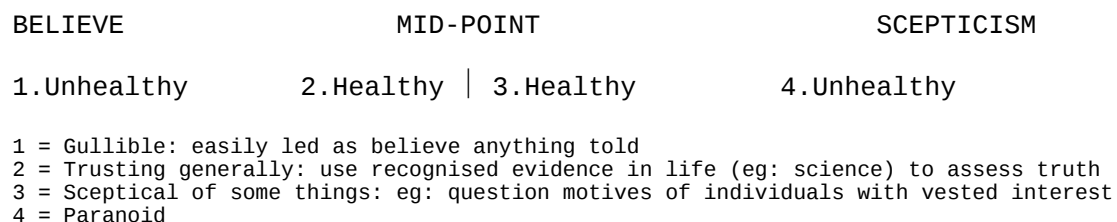


Figure 1 - Continuum of belief and scepticism.

Unhealthy scepticism and paranoia leads to a "total breakdown in trust, the belief that everybody lies" (Daniel Freeman quoted in Durrant 2009). Freeman and Freeman (2009) argued that the paranoid thinking associated with psychosis, that affected 1% of the population, has been replaced by a "21st-century version" that a quarter of people suffer from. This type of paranoid thinking includes fear of the eyes of the security forces, of mugging, and of "paedophiles" coming for their children (Durrant 2009). In this sense, paranoid thinking is a spectrum or continuum itself.

Urbanisation, and the role of the media in

overemphasising threats, are blamed for the growth in the "21st-century version" of paranoia.

Raley and Talisse (2008) highlighted two fallacies of how information is presented in the media that can exaggerate threats and distort the level of risk:

i) "Straw-man argument" - The opposition's position is summarised inaccurately and in such a way that it is easy to attack. To exaggerate and simplify the opposition's position makes it a ridiculous viewpoint;

ii) "Weak-man argument" - Rather than misrepresenting the opposition's position, this sets up the opposition's weakest argument for attack.

In the example of a person arguing that there is limited risk of "paedophiles" hunting for children, the "straw-man argument" presents this position as saying "there is no risk". The "weak-man argument" would focus on a situation when the event has happened.

Once a belief is held about a threat, it is difficult to change because of such arguments as above, and the tendency to look for supporting evidence and ignore contradictory facts (known as the "confirmatory bias"). So paranoid thinking becomes self-perpetuating and self-fulfilling.

Gottschalk (2000) has talked about the "post-modern self" as being pathological: "post-modern selfhood proceeds across a landscape constantly radiating with 'low-level fear' and saturated by compelling media voices which obsessively recite stories of permanent catastrophe, random brutality, and constant dissatisfaction" (p37).

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